What Healthcare Leaders Miss After Day One

A Post-Onboarding Perspective on Evolving Risk in Healthcare Employment

By Pat Hartonian
Vice President of Operations, GCheck

CHECK

Table of Contents

CHECK

Executive Summary

Hiring risk in healthcare does not end when an offer is accepted or when onboarding paperwork is filed. It changes shape as roles evolve, access expands, regulatory exposure increases, and personal circumstances shift. Many healthcare organizations treat background screening as a discrete event rather than a continuous dimension of workforce integrity.

This whitepaper examines what happens after day one. It identifies blind spots that emerge as employees move through their tenure, acquire new responsibilities, or experience changes in licensure, criminal history, or federal exclusion status. These shifts often occur outside the visibility of human resources, compliance teams, or direct supervisors.

The document maps common points of exposure, describes how risk accumulates or transforms over time, and illustrates how post-hire visibility often decays in proportion to organizational scale and role complexity. No prescriptive recommendations are offered. The focus is on pattern recognition and structural constraints that shape how risk is understood, monitored, or overlooked after someone joins the workforce.

Healthcare employs more than 22 million people across clinical, administrative, and support roles.[1] Regulatory obligations under federal and state law remain tied to initial verification, yet the conditions that determine eligibility and suitability do not remain static. This misalignment creates gaps that become visible only after an incident, audit, or inspection.

Introduction:
Context and Scope

Healthcare organizations hire across roles that vary widely in clinical responsibility, access to sensitive information, proximity to vulnerable populations, and exposure to federal or state oversight. Initial background checks typically occur before the first day of employment and focus on criminal history, professional licensure, exclusion status, and in some cases, credit or education verification.

Once employment begins, attention shifts to productivity, training, performance management, and role-specific competencies. Background verification recedes into the administrative past. Personnel files are archived. Compliance checklists are marked complete. The individual becomes part of the operational infrastructure.
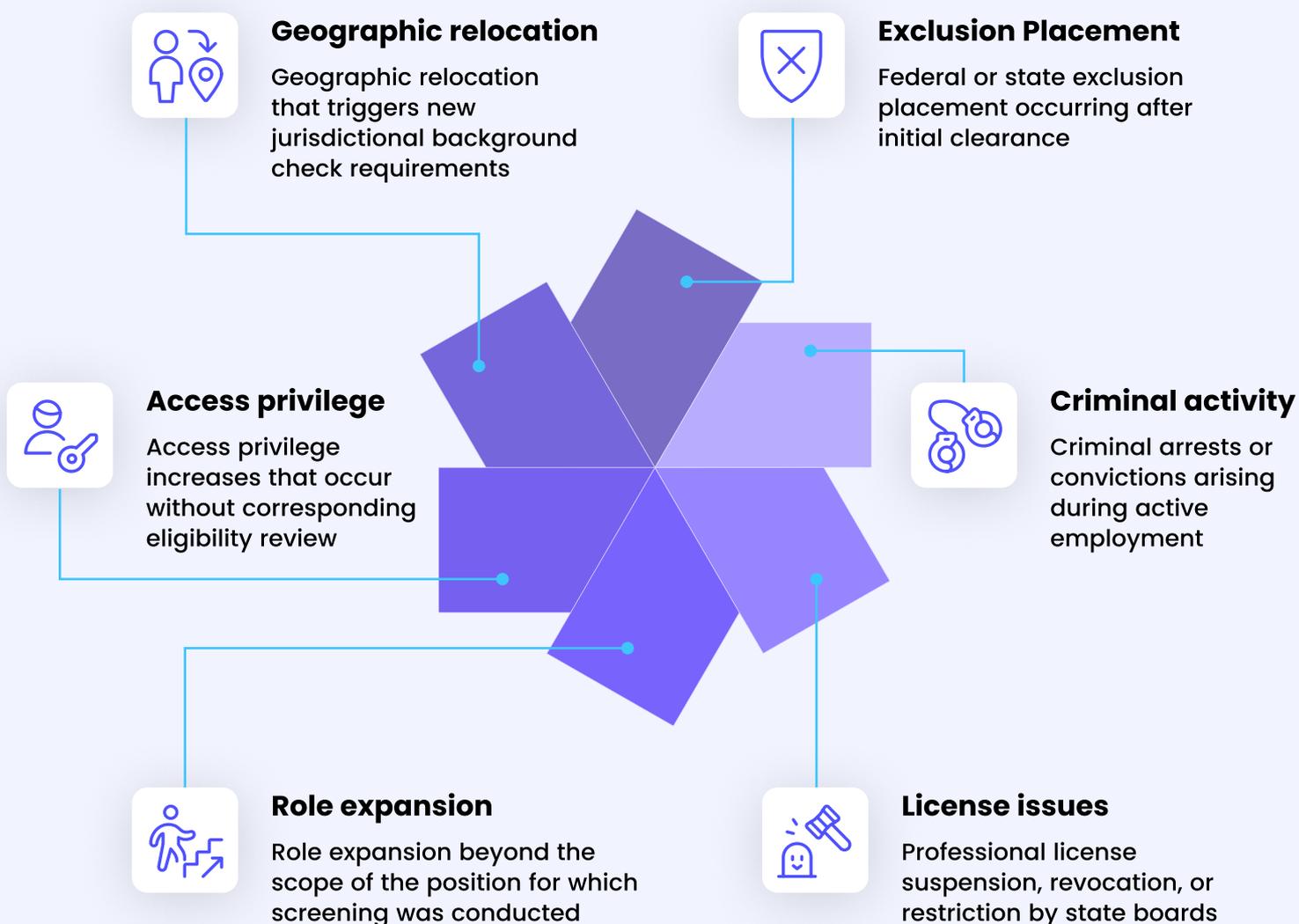
This transition marks a shift in how risk is perceived. Pre-employment risk is explicit, procedural, and time-bound. Post-employment risk is diffuse, episodic, and often invisible until it materializes. The individual who was vetted on day one may experience changes in criminal record status, professional licensure, federal exclusion standing, or personal circumstances that alter their suitability for the role they currently occupy.

Simultaneously, the role itself may evolve. Job descriptions broaden. Access privileges expand. Supervision becomes less direct. An employee hired into a non-clinical support role may gradually assume responsibilities that involve patient interaction, access to protected health information, or handling of funds.

CHECK
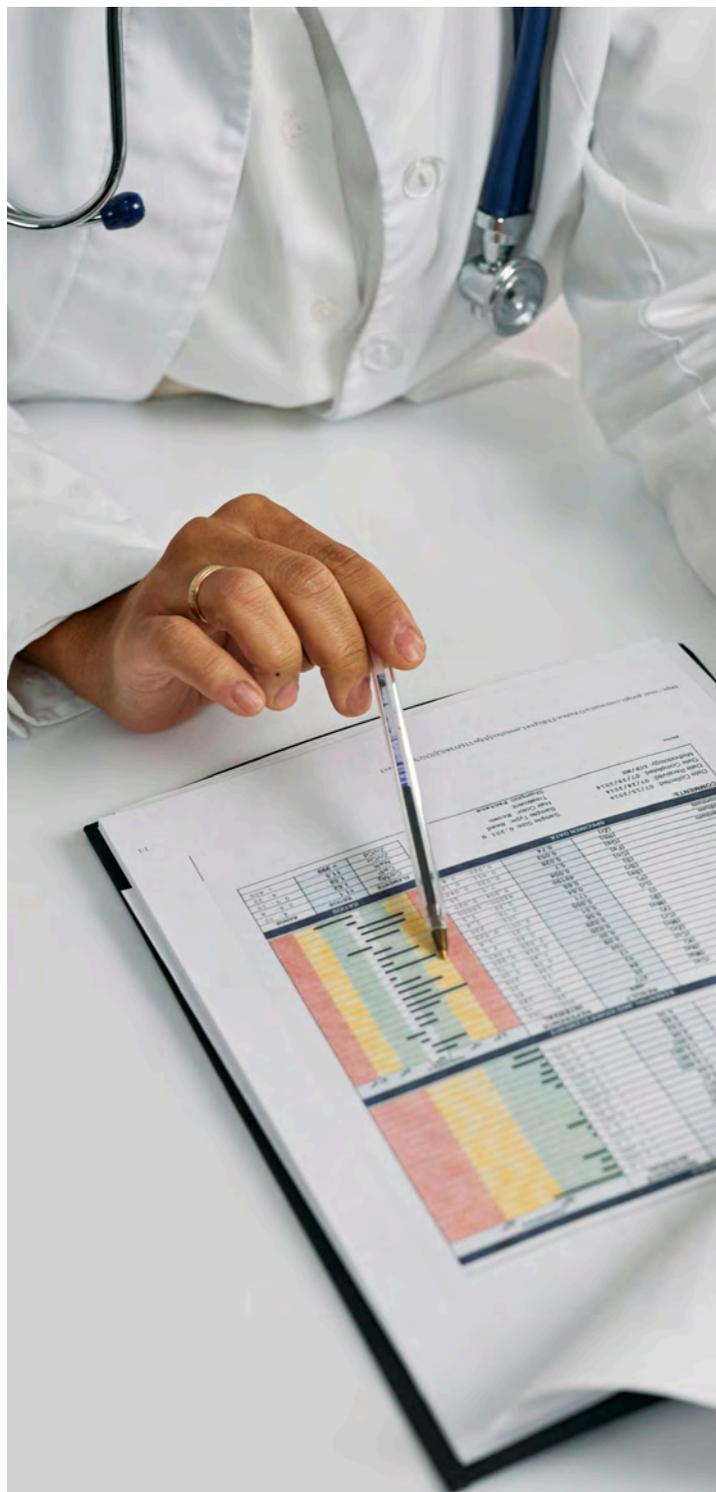
Organizational structures contribute to visibility loss. Responsibilities are distributed across human resources, compliance, IT security, credentialing, and departmental management. No single function maintains continuous oversight of post-hire changes that affect regulatory standing or access appropriateness.

Post-hire changes that affect employment suitability fall into several distinct categories:

Geographic relocation
Geographic relocation that triggers new jurisdictional background check requirements

Exclusion Placement
Federal or state exclusion placement occurring after initial clearance

Access privilege
Access privilege increases that occur without corresponding eligibility review

Criminal activity
Criminal arrests or convictions arising during active employment

Role expansion
Role expansion beyond the scope of the position for which screening was conducted

License issues
Professional license suspension, revocation, or restriction by state boards

 CHECK

The table below illustrates the relationship between common post-hire changes and organizational detection systems.

Post-Hire Change	Detection System	Detection Reliability	Average Detection Lag
Federal exclusion placement	Monthly OIG rescreening	High if conducted	0 to 30 days
State exclusion placement	Annual compliance audit	Low to moderate	6 to 18 months
Criminal arrest or conviction	Employee self-report or media	Very low	Weeks to never
License suspension or revocation	Credentialing cycle review	Moderate	12 to 24 months
Role expansion or promotion	HR position change log	Low	Not typically tracked
Access privilege increase	IT audit or inspection	Very low	Months to years

This whitepaper addresses the mechanics of how post-hire risk evolves, where visibility gaps emerge, and what patterns characterize organizations that experience preventable exposure. The scope is limited to post-onboarding dynamics within healthcare employment. The analysis assumes that an initial background check has been completed and that the individual has been cleared to begin work.

NEXT

Historical and Operational Background

CHECK

Historical and Operational Background

Background screening in healthcare has been shaped by federal exclusion programs, state licensing boards, accreditation standards, payer contracting requirements, and institutional liability concerns. The modern framework took form in the 1990s with the establishment of the Office of Inspector General's exclusion authority and the codification of sanctions under federal healthcare programs.[2]

Initially, verification was manual and decentralized. Employers contacted state licensing boards by mail or phone, requested criminal history records from local courthouses, and checked the OIG's List of Excluded Individuals and Entities by reviewing printed updates or calling regional offices.

Commercial background screening emerged as a service industry in response to this administrative burden. Over time, technological integration allowed for faster turnaround and broader geographic reach. Criminal record searches expanded from county-level checks to multi-jurisdictional and national database queries. Exclusion list monitoring became automated. License verification shifted from phone calls to electronic database lookups.

CHECK

Despite these improvements, the operational model remained episodic. Screening was still performed at a single point in time, typically before or immediately after hire. Post-hire monitoring was rare and limited primarily to licensed professionals whose credentials were subject to renewal cycles tracked by credentialing departments.

By the 2010s, awareness of post-hire risk had grown, but organizational response remained uneven. Some large health systems implemented monthly exclusion rescreening. Others relied on annual or biennial checks. Many small and mid-sized organizations continued to perform background checks only at hire.
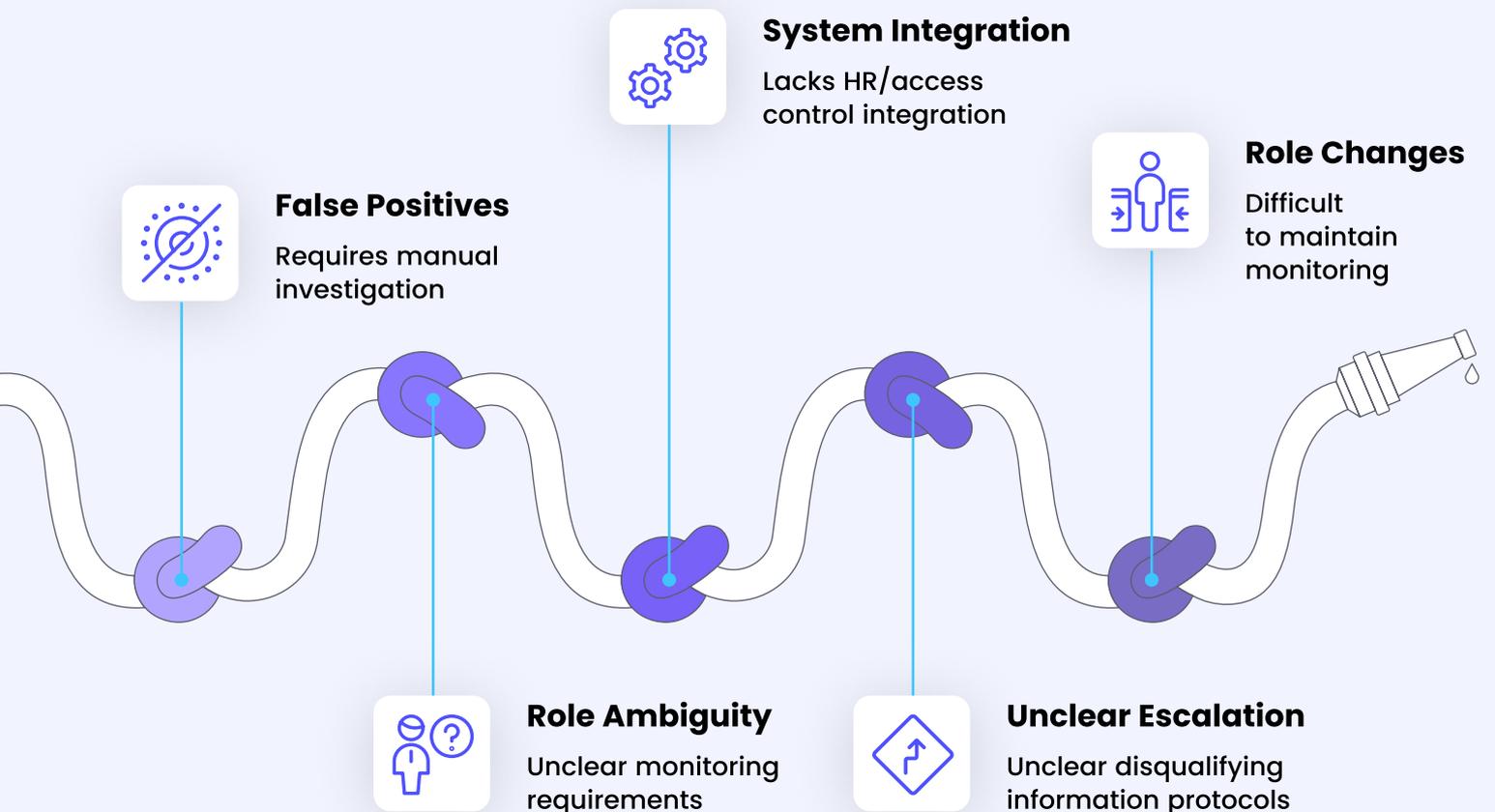
The operational challenge was compounded by workforce scale and turnover. Healthcare organizations routinely employ hundreds or thousands of individuals across multiple facilities and service lines. Tracking post-hire status changes for this population requires coordination across departments, access to updated data sources, and clear protocols for responding to new information.

The table below outlines the historical progression of background screening practices in healthcare employment.

Period	Verification Method	Scope	Post-Hire Monitoring
Pre-1990s	Manual, decentralized	Limited to licensure and local criminal checks	None
1990s to 2000s	Commercial screening services emerge	Criminal, license, exclusion at hire	Rare, manual only
2010s	Automated checks, broader reach	Multi-jurisdictional, integrated databases	Emerging in large systems
2020s	Continuous monitoring offered	Real-time alerts, expanded scope	Adopted selectively

Today, the availability of continuous monitoring tools has not eliminated the gap. Adoption remains inconsistent, and even organizations that conduct periodic rescreening often do so without clear protocols for acting on new information or reconciling it with role changes that have occurred since hire.

GCHECK

Organizations that have implemented post-hire monitoring report several recurring challenges:

System Integration

Lacks HR/access control integration

Role Changes

Difficult to maintain monitoring

False Positives

Requires manual investigation

Role Ambiguity

Unclear monitoring requirements

Unclear Escalation

Unclear disqualifying information protocols

NEXT

Current State Analysis

CHECK

Current State Analysis

Healthcare employers now operate in an environment where initial background checks are standard but post-hire monitoring is not. The result is a divergence between the static nature of verification and the dynamic nature of employment, regulatory status, and personal circumstances.

At the point of hire, most healthcare organizations conduct criminal background checks, verify professional licenses where applicable, and screen against the OIG's List of Excluded Individuals and Entities.[3] Some also review state Medicaid exclusion lists, the General Services Administration's exclusion database, and databases maintained by individual states for sanctions related to fraud, abuse, or patient harm.

These checks provide a snapshot. They confirm or deny eligibility as of a specific date. Once the individual is hired, that snapshot becomes historical. Changes that occur after hire are not automatically reflected in personnel records or compliance systems unless the organization has implemented ongoing monitoring.

CHECK

Federal or state exclusion represents the first category of post-hire change. An employee may be added to an exclusion list after hire due to a criminal conviction, civil settlement, license revocation, or other sanctionable conduct. Federal law prohibits employing excluded individuals in positions funded by Medicare, Medicaid, or other federal healthcare programs. Organizations may be held liable even without actual knowledge of the exclusion if they failed to conduct reasonable screening.[2]

Criminal record updates represent the second category. An employee may be arrested or convicted of a crime after hire. The Equal Employment Opportunity Commission's guidance cautions that blanket disqualification policies based on criminal history may have disparate impact on protected groups. Whether such policies violate Title VII depends on factors including business necessity, job relatedness, and the nature of the criminal conduct in relation to the position.[4]

License revocation or suspension represents the third category. A licensed professional may have their credential suspended, revoked, or placed under restriction by a state board after hire. Continued employment in a role that requires that license may violate state law, accreditation standards, or payer contract terms.

Role expansion or access creep represents the fourth category. An employee hired into a role with limited access may gradually assume responsibilities that involve patient care, handling of funds, or access to protected health information.

The table below summarizes common post-hire changes and monitoring frequency.

Change Type	Monitoring Frequency	Responsible Function	Trigger for Review
Federal exclusion	Monthly to never	Compliance or HR	Audit, tip, or incident
State exclusion	Annually to never	Compliance or credentialing	Audit or inspection
Criminal record	Rarely continuous	HR or third party	Self-report or arrest notice
License status	Annually or at renewal	Credentialing or HR	Expiration or complaint
Role or access change	Not monitored	Department manager	None

CHECK

The practical effect of this fragmentation is that post-hire risk is managed reactively. Organizations learn of exclusions during audits, criminal charges through media reports or employee absence, and license issues when a complaint is filed or an accreditation survey is conducted.

According to the most recent U.S. Bureau of Labor Statistics projections available as of publication, healthcare employment is projected to grow faster than most other sectors, with significant increases in home health aides, medical assistants, and nurse practitioners.[1] Larger workforces increase the administrative burden of post-hire monitoring and the likelihood that status changes will go undetected.

Factors that contribute to post-hire visibility decay include high employee-to-compliance-staff ratios, turnover in HR and compliance roles, multiple employment statuses, lack of standardized protocols for responding to monitoring alerts, competing priorities, and budget constraints.

NEXT

## Technical and Process Mechanics

CHECK

Technical and Process Mechanics

Background checks are conducted by querying criminal databases, professional licensing boards, and exclusion lists. Each data source has distinct characteristics in terms of update frequency, geographic scope, and reliability.

Criminal records are maintained at the county level in the United States. There is no single national criminal database that includes all arrests, charges, or convictions. National databases such as the FBI's National Crime Information Center exist but are accessible only to law enforcement and authorized government agencies, never to private employers. Commercial background screening companies compile data from county courthouses, state repositories, and correctional facility records.

Coverage is uneven. Some counties update records daily. Others update weekly, monthly, or irregularly. Continuous criminal monitoring relies on periodic re-checks of previously searched jurisdictions. Alerts are generated when a new record appears associated with an individual's name and date of birth. False positives are common due to name matching and limited identifying information.

Professional licenses are issued and tracked by state boards. Each board maintains its own database and update schedule. Some boards provide public access to real-time license status. Others update databases weekly or monthly. License monitoring can be automated by querying state board databases on a scheduled basis. However, not all boards provide APIs or structured data feeds.

GCHECK
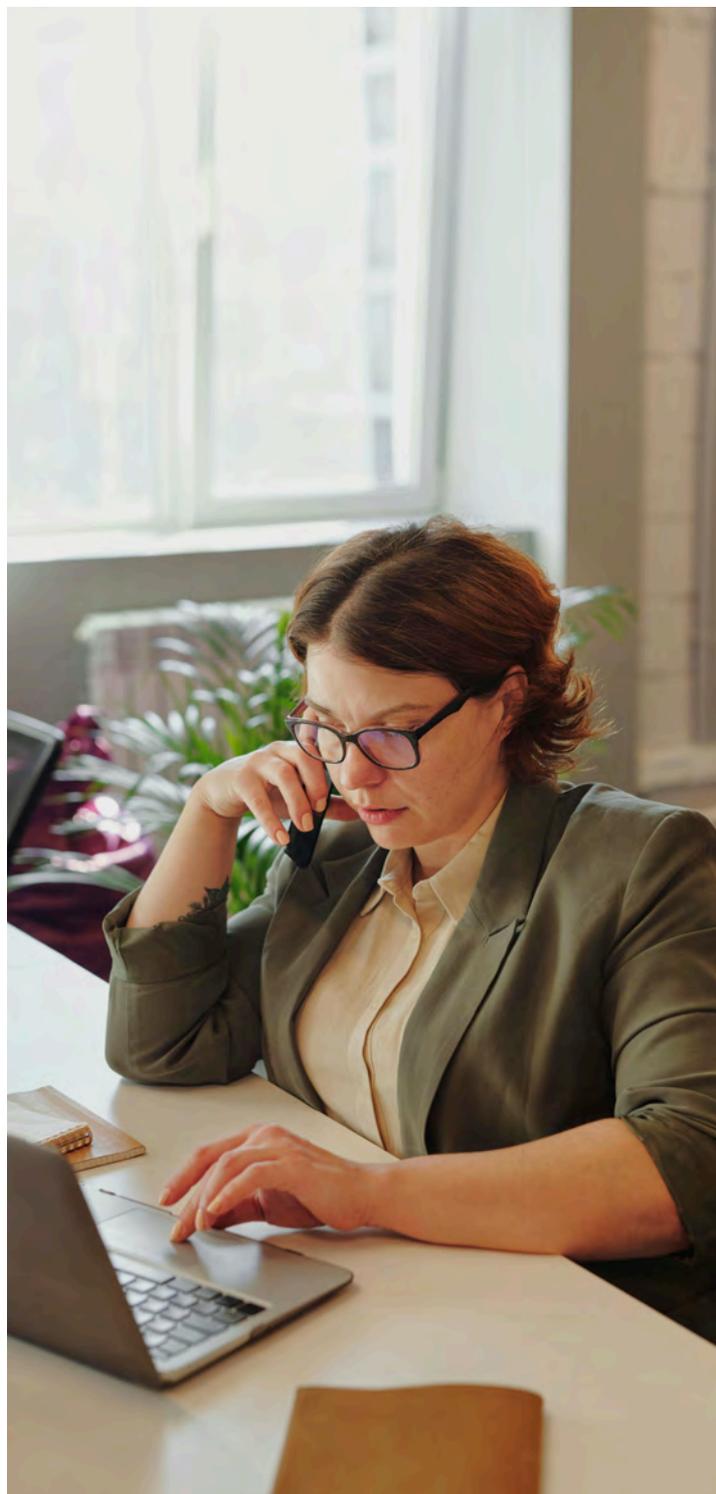
Credentialing departments in hospitals and health systems typically verify licenses during initial privileging and re-privileging cycles, which occur every one to three years. Between those cycles, changes in license status may not be detected unless a complaint is filed or the board notifies the employer directly, which is uncommon.

The OIG's List of Excluded Individuals and Entities is updated monthly.[3] Organizations are expected to screen employees and contractors before hire and at reasonable intervals thereafter.[2] There is no regulatory definition of reasonable interval. Monthly rescreening is common practice among large healthcare organizations and aligns with the OIG's monthly update schedule, though no specific frequency is mandated by regulation.

State Medicaid exclusion lists are maintained separately by each state. Update frequency varies. Organizations participating in state Medicaid programs must screen against the relevant state list in addition to the federal OIG list.

The General Services Administration maintains the System for Award Management exclusion database. Some healthcare organizations include SAM checks in their exclusion screening protocols. Commercial databases such as FACIS® aggregate multiple exclusion sources to streamline the screening process in healthcare settings.

CHECK

The table below outlines key data sources used in post-hire monitoring and their operational characteristics.

Data Source	Update Frequency	Coverage	Automation Feasibility	Match Accuracy
County criminal records	Varies by county	Jurisdiction-specific	Partial	Low to moderate
State criminal repositories	Weekly to monthly	State-level	High	Moderate
National criminal databases	Daily to weekly	Out of Date, Aggregated, Incomplete	High	Low to moderate
Professional license boards	Real-time to monthly	State-specific	Moderate	High
OIG exclusion list	Monthly	Federal programs	High	High
State Medicaid exclusion lists	Weekly to monthly	State-specific	High	High
SAM exclusion database	Daily	Federal contracting	High	High

Post-hire monitoring workflows must account for these variables. A comprehensive approach requires querying multiple sources on different schedules, reconciling match results, investigating potential false positives, and routing confirmed issues to the appropriate decision-maker.

NEXT

Risk, Limitations, and Constraints

CHECK

Risk, Limitations, and Constraints

Post-hire monitoring does not eliminate risk. It surfaces information that may indicate a need for review, investigation, or action. The value of that information depends on its accuracy, timeliness, and relevance to the individual's current role and organizational policy.

Name-based matching generates false positives. An alert indicating a criminal record or exclusion match may refer to a different individual with the same or similar name and date of birth. Resolving these requires manual review, which consumes time and administrative resources. High false positive rates can lead to alert fatigue, where compliance or HR staff become desensitized to notifications and fail to investigate legitimate matches.

Criminal records, license status changes, and exclusions are not always reflected in databases immediately. An individual may be convicted of a crime or placed on an exclusion list weeks or months before the information appears in searchable records.

Criminal monitoring is limited to jurisdictions previously searched. If an individual is arrested or convicted in a county or state where they were not originally screened, that record may not surface unless a national database check is included in the monitoring protocol.

Even when post-hire information is identified, organizational response is not always clear. Policies that specify disqualifying offenses for pre-employment decisions may not address the same offenses arising post-hire.

GCHECK

Monitoring systems are only as effective as the role data they rely on. If an employee's job title, department, or access level changes without corresponding updates to compliance tracking systems, monitoring alerts may not reflect the individual's current responsibilities.

Use of criminal records in employment decisions is subject to federal and state anti-discrimination law. The Equal Employment Opportunity Commission's guidance requires individualized assessment of criminal history in relation to the job being performed.[4]

Exclusion list screening is mandatory for compliance with federal program participation rules, but those rules do not specify how often rescreening must occur.[2] The absence of clear regulatory thresholds creates uncertainty about the sufficiency of a given monitoring approach.

The table below summarizes common limitations and the risk they introduce.

Limitation	Risk Introduced	Frequency of Occurrence	Mitigation of Complexity
False positive matches	Wasted investigation time, risk of mismatch	High	Moderate
Delayed database updates	Continued employment during exclusion	Moderate	High
Jurisdictional gaps	Undetected out-of-state offenses	Moderate	High
Policy ambiguity	Inconsistent response to alerts	High	Low
Role drift	Monitoring mismatch with actual responsibilities	High	Moderate

CHECK

Organizations implementing post-hire monitoring must balance the administrative burden of investigating alerts against the risk of failing to identify disqualifying information. The resource requirements for effective post-hire monitoring are often underestimated. A healthcare system with 5,000 employees conducting monthly exclusion rescreening may generate dozens of alerts each month.

Criminal record monitoring commonly generates high false positive rates due to name-based matching and the absence of unique identifiers in many public databases. Match accuracy depends significantly on the algorithms used and the specificity of the data sources queried.

NEXT

Compliance, Governance, and Oversight Considerations

CHECK

Compliance, Governance, and Oversight Considerations

Regulatory obligations related to background screening vary by funding source, care setting, and employee role. Federal law prohibits employing excluded individuals in positions funded by Medicare, Medicaid, or other federal healthcare programs. Organizations may be held liable even without actual knowledge of the exclusion if they failed to conduct reasonable screening.[2]

Accreditation standards issued by The Joint Commission, the National Committee for Quality Assurance, and other bodies require verification of credentials and background checks but do not uniformly mandate post-hire rescreening.

The Office of Inspector General has issued guidance stating that providers should check the List of Excluded Individuals and Entities before hiring and at reasonable intervals thereafter.[2] Monthly rescreening is not required by regulation but is widely adopted as a standard practice based on the OIG's monthly update schedule.

CHECK

Federal exclusions can result from criminal convictions, civil settlements, license revocations, or other sanctionable conduct. An individual excluded by the OIG cannot be employed in any capacity that involves federal healthcare program funds, even in indirect or administrative roles.[2]

The consequences of violating exclusion rules may include civil monetary penalties, mandatory repayment of funds attributed to the excluded individual's services, and in severe cases, termination of program participation. Enforcement outcomes vary based on factors including the organization's knowledge of the exclusion, duration of the violation, and whether the violation was self-disclosed.

No federal law requires criminal background checks for all healthcare workers. State laws vary. Some states mandate checks for employees in long-term care facilities, home health agencies, or roles involving direct patient contact. Where criminal checks are required, state law may specify disqualifying offenses, lookback periods, and processes for appealing or obtaining waivers.

State laws also impose varying restrictions on the use of criminal history in employment decisions, including ban-the-box requirements that delay inquiry until after a conditional offer, prohibitions on considering arrests without conviction, and lookback period limitations that differ by jurisdiction and offense type.

Federal anti-discrimination law, as interpreted by the Equal Employment Opportunity Commission, requires employers to consider the nature of the offense, the time elapsed since conviction, and the relevance of the offense to the job being performed.[4]

Healthcare professionals must hold valid, current licenses to practice in the states where they provide care. License verification is typically handled by credentialing departments for physicians, nurses, and other clinical staff. Between verification cycles, licenses may expire, be suspended, or be revoked without the employer's knowledge. State boards generally are not required to notify employers when disciplinary action is taken against a license holder, though notification practices vary by state and profession.

Consumer reporting rules under the Fair Credit Reporting Act may apply to certain types of post-hire monitoring, particularly when conducted by third parties.[5] Organizations must ensure that employees provide written authorization, which must be standalone and may need to be

CHECK

renewed for continuous monitoring. Adverse action procedures require providing the employee with a copy of the consumer report and a summary of rights before taking action, followed by final notification after the decision.

The table below summarizes compliance obligations and common gaps in post-hire oversight.

Obligation	Regulatory Basis	Typical Enforcement	Common Gap
Exclusion screening	Federal program rules	OIG audits, whistleblower claims	Infrequent or no rescreening
Criminal checks	Federal and State Law	State inspections, complaints	No post-hire monitoring
License verification	State professional practice acts	Board complaints, accreditation surveys	Long intervals between checks
Anti-discrimination compliance	Title VII, EEOC guidance	EEOC complaints, litigation	Blanket policies without individualized assessment

Governance structures within healthcare organizations often distribute these responsibilities across multiple departments. Compliance departments may handle exclusion screening. Human resources may oversee criminal background checks. Credentialing handles license verification. IT security manages access control. No single function has visibility into all dimensions of post-hire risk.

Effective governance for post-hire monitoring typically includes a designated owner responsible for monitoring program design and oversight, written policies specifying which roles are subject to which types of monitoring, documented procedures for investigating alerts and escalating confirmed matches, and regular reporting to senior leadership on monitoring activity and findings.

NEXT

Common Failure Modes
and Misapplications

CHECK

Common Failure Modes and Misapplications

Organizations that experience preventable post-hire incidents typically exhibit recognizable patterns. These are not failures of individual judgment but structural gaps in how roles, access, and status are tracked and reconciled after hire.

Some organizations implement continuous monitoring but lack clear protocols for what to do when an alert is generated. Alerts accumulate in inboxes or ticketing systems without investigation. This pattern is common in organizations that adopt monitoring as a compliance checkbox without integrating it into operational workflows.

An employee hired into a non-clinical administrative role may be moved into a patient-facing role or given access to protected health information as operational needs evolve. The promotion or transfer is recorded in HR systems, but it does not trigger a review of the individual's background check results or current regulatory eligibility.

Many healthcare organizations apply rigorous credentialing and privileging processes to physicians but not to other licensed professionals or to unlicensed employees with access to patients or data. This creates a two-tiered system where some roles are subject to continuous oversight and others are not.

Some organizations limit post-hire exclusion rescreening to employees whose roles directly involve billing or coding. However, exclusion rules apply to anyone whose salary or activities are funded in any part by federal healthcare programs, regardless of whether they submit claims.[2]

CHECK

Organizations often become aware of employee arrests through media reports, tips from colleagues, or unexplained absences. By the time the arrest is known, the individual may have continued working for days or weeks.

The table below lists common failure modes and the conditions that enable them.

Failure Mode	Underlying Cause	Typical Discovery Method	Consequence Type
Alerts without action	No escalation protocol	Audit or incident	Regulatory violation
Role change without review	Disconnected HR and compliance systems	Audit or incident	Policy violation
Credentialing gaps	Process limited to physicians	Accreditation survey or complaint	License violation
Exclusion screening too narrow	Misunderstanding of rule scope	OIG audit or whistleblower	Financial penalty
Reactive arrest awareness	No criminal monitoring	Media report or absence	Continued exposure

These patterns share a common feature: they reflect organizational structure rather than individual error. The failure occurs at the interface between functions where information does not transfer or responsibilities are not clearly assigned.

Preventing these failures requires not only the implementation of monitoring tools but also the redesign of workflows to ensure that information generated by monitoring reaches decision-makers and triggers defined responses.

NEXT

Principles for Responsible Application

CHECK

Principles for Responsible Application

Post-hire monitoring raises questions about the balance between organizational risk management, employee privacy, regulatory compliance, and fair treatment. Decisions about whether to monitor, what to monitor, and how to act on monitoring results must account for these dimensions.

Monitoring should be proportional to the level of access, regulatory exposure, and potential harm associated with the role. Employees in high-risk roles may warrant more frequent monitoring than employees in low-risk support roles.

Employees should be informed that post-hire monitoring may occur and understand what types of information may be reviewed. Transparency reduces the likelihood that monitoring will be perceived as covert surveillance and ensures that employees are aware of their obligation to self-report certain changes in status. Transparency also supports compliance with legal requirements related to the use of consumer reports under the Fair Credit Reporting Act.[5]

Monitoring protocols and responses to alerts should be applied consistently across similar roles and circumstances. Inconsistent application of policies can lead to claims of disparate treatment and undermine the credibility of the compliance program.

Alerts generated by monitoring systems should be investigated promptly. Delays in reviewing alerts reduce the value of monitoring and extend the period during which an individual may be working in a non-compliant status.

Not all post-hire information warrants termination or reassignment. Criminal arrests do not always result in convictions. License suspensions may be temporary and resolved through

---

CHECK

corrective action. Responses to post-hire information should be individualized and consider the nature of the issue, the employee's role, the time elapsed, and any mitigating factors.[4]

Monitoring is most effective when it is integrated with systems that track role changes, access expansions, and other employment transitions. This requires coordination between HR, compliance, IT, and departmental management.

The table below outlines core principles and the operational practices that support them.

Principle	Supporting Practice	Failure Mode if Absent	Implementation Complexity
Proportionality	Risk-based monitoring frequency	Over-monitoring or under-monitoring	Moderate
Transparency	Clear notice and consent	Perceived surveillance, legal risk	Low
Consistency	Documented policies and training	Disparate treatment claims	Low to Moderate
Timely investigation	Defined SLAs for alert review	Extended non-compliance	Moderate
Individualized assessment	Case-by-case review protocols	Wrongful termination, retention loss	High
Integration with role changes	Linked HR and compliance systems	Role-access mismatches	High

These principles do not prescribe a specific monitoring approach. They define the characteristics of an approach that balances risk management, regulatory compliance, operational efficiency, and fair treatment of employees.

Organizations considering post-hire monitoring must evaluate their capacity to implement these principles and sustain them over time. Monitoring without the infrastructure to investigate, assess, and act on results may create as much risk as not monitoring at all.

CHECK

About **GCHECK**

GCheck provides employment background screening services including criminal background checks, social media screening, employment and education verification, motor vehicle records, professional license verification, drug screening coordination, and continuous monitoring programs.

Website
www.gcheck.com

Email
hello@gcheck.com

Call to speak with a screening specialist
844-GCHECK-4

Social
Linked in

About the Author

Pat Hartonian is Vice President of Operations at GCheck, where he leads background screening operations with a focus on accuracy, compliance, and risk-aware decisioning. With over 15 years in the background screening industry, he specializes in FCRA governance, adjudication frameworks, and high-volume screening operations. He holds an Advanced FCRA certification from the Professional Background Screening Association.

References

1. [1] U.S. Bureau of Labor Statistics. (2024). Healthcare Occupations. Occupational Outlook Handbook. https://www.bls.gov/ooh/healthcare/home.htm

2. [2] U.S. Department of Health and Human Services, Office of Inspector General. (n.d.). Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs. https://oig.hhs.gov/exclusions/files/sab-05092013.pdf

3. [3] U.S. Department of Health and Human Services, Office of Inspector General. (n.d.). Exclusions Program. https://oig.hhs.gov/exclusions/

4. [4] U.S. Equal Employment Opportunity Commission. (2012). Enforcement Guidance on the Consideration of Arrest and Conviction Records in Employment Decisions Under Title VII of the Civil Rights Act of 1964. https://www.eeoc.gov/laws/guidance/arrest_conviction.cfm

5. [5] Federal Trade Commission. (n.d.). Fair Credit Reporting Act. https://www.ftc.gov/legal-library/browse/statutes/fair-credit-reporting-act